- 04/080/112

PTOISSIOS (05-00)
Approved for use through 4/30/2003, OMB (05)1-0032
U.S. Palent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Perpensors Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.												
PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875										09/ 680,172		
CLAIMS AS FILED - PART I OTHER THAN												<i></i>
Ç				Arma 1)		(Column 2)		SMALL ENTITY		O R		R THAN ENTITY
FOR			MUMBER FILED			MUMBER EXTRA		RATE	FEE		RATE	FEE
BASIC FEE (A7 CFR 1.18(a))									3	OR		\$
POTAL CLADAS (D7 OFR 1.18(c))			minus 20 •		20• •			×1•		OR	x s	
D7 CFR 1.18(b))		Mes	minus 20 =		20=			X 3		QR	x 8+	
MULTIPLE DEPENDENT CLASH PRESENT (37 CFR 1.18(d))							٠,		OR	+1		
' II the difference in octumn 1 is tess tham zero, enter "O" in column 2,								TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II												
00+												
KUE 10			uma 1)		(Column 2)	Author 2) (Column 3)		SMALL E	YIM	OR	SMALL	
AMENDMENT		REA	LAIMS MAINING PTER NOMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDS TIONAL FEE
	FO OF A 1,1650	Ó	<u>5</u>	Minus	20	\mathcal{X}		x \$a		OR	x se	
	or or 1,1400 Minus			" (P	Ψ		x s=		OR	x \$		
A	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(q))							+1		OR	+ 8	-
								TOTAL ADD'L FEE		OR	TOTAL ADOL FEE	
		(Cob	uma 1)		(Column 2)	(Column 3)		_				
AMENDMENT B		CL REM	AMS AMMG TER IDMENT		HIGHEST NUMYER PREVIGUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (SF CFR 1,16(c))	é		Minus	"2D			2.5	4	OR	x s=	
	Independent (IT OFR 1.140/B	Ċ	2	Minus	" (p	· /		× \$		OR	x \$	
₹	FORST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1,16(4))							+ 5	<u></u>	OR	+ 5=	/
								TOTAL ADDL FEE		OR .	TOTAL ADD'L FEE	7
		(Cab.	mn 1)		(Column 2)	(Column 3)			1		•	
AMENDMENT C		CL REM AF	AINS AINING TER		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total CP CPR 1.18(-2)	•		Minus	-	•	ı	x 3		OR	x s «	
	Excepanded CF CFA 1,160/9	•		Minus	~	-	Ì	x \$ «		OR	x s	1
A	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(d))							*:_ *		OR		
							٠	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
						tte "O" in column 3						
	" If the "Highest N	lumber l	Previously	Paid For	IN THIS SPACE	E is less than 20, o is less than 3, on dont) is the higher	Rer	T.	ta annenniste	bay in co	tima 1	ĺ

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to the (and by the USPTO to process) an explication. Confidentielity is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete uncluding gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patient and Trademark Office, U.S. Department of Commence, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ACCRESS. SEND TO: Comvetusioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.